

Appendix to
Attachment 3.1-A
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State ILLINOIS

- =7/96 ° ~~community based rehabilitation: an array of rehabilitative mental health services to assist the individual in maintaining residential stability, independence and integration in the community. Services include interdisciplinary treatment plan development review and/or modification, assertive outreach and psychosocial rehabilitation, and~~
- ° intensive therapeutic intervention for children under age 21: a comprehensive service provided in the home, school or other community-based locations to reduce risk of more restrictive treatment such as inpatient hospitalization. Services may include one-to-one counseling for therapeutic activities, counseling related to treatment plans goals and objectives, psychosocial rehabilitation related to emotional deficits, counseling of the caregiver in behavioral management and assistance in household management.
- =7/96 All treatment is focused on the Medicaid eligible client. Any consultation or treatment involving families or other persons is solely for the purpose of addressing the mental health needs of the Medicaid client.
- =7/96 Mental health services are provided to clients of all ages unless specified otherwise.
- =7/96 Mental health services as described above may be provided either as outpatient community-based services or as residential rehabilitation services. Outpatient community-based services are defined as any one of the above services provided by a certified provider who is enrolled with the Department of Public Aid. Residential rehabilitation services are an array of outpatient community-based services, where one or more of the mental health services are provided on a daily basis to an eligible child under the age of 21 who is residing in a specialized substitute care living arrangement. Residential rehabilitation providers are also certified and enrolled with the Department.

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SUPERSEDES
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07/93 Special Rehabilitation Services

A. Eligible Providers

A provider of special rehabilitation services is as defined herein and agrees in writing with the single State agency as follows:

- 1) to provide special rehabilitation services as prescribed by professionals acting within their scope of practice as defined by State law; and
- 2) to provide special rehabilitation services in the least restrictive environment; and
- 3) to comply with the provisions for quality assurance specified in this Attachment of the State plan; and
- 4) to maintain and submit all records and reports to ensure compliance with the Illinois State Board of Education's and Illinois Department of Public Aid's administrative rules; and
- 5) to assure that claiming for special rehabilitation services does not duplicate claiming for EPSDT Administrative Outreach services.

A provider of special rehabilitation services must be approved for participation and enrolled the Illinois Medical Assistance Program. Services are provided directly by the special rehabilitation service provider or through subcontractors.

B. Benefits and Limitations

Special rehabilitation services are evaluative, diagnostic and treatment services to correct any defects or conditions or to teach compensatory skills for deficits that directly result from a medical condition. These services include obtaining, interpreting and integrating the above evaluative, diagnostic and treatment information appropriate to an individual's coordinated plan of care.

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7/93 Special rehabilitation services include the following:

- 1) Speech, Language and Hearing: These are services for individuals with speech, language and hearing disorders. The services are provided by or under the direction of a speech pathologist or audiologist, as the result of a referral by a physician as defined in 42 CFR 440.110(c). These services mean evaluations to determine an individual's need for these services and recommendations for a course of treatment; and treatments to an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual.
- 2) Occupational Therapy: These services are prescribed by a physician and provided by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b). These services mean evaluations of problems interfering with an individual's functional performance and therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem interfering with age appropriate functional performance.
- 3) Physical Therapy: These services are prescribed by a physician and provided by or under the direction of a qualified physical therapist as defined in 42 CFR 440.110(a). These services mean evaluations to determine an individual's need for physical therapy and therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem.
- 4) Nursing: These services are performed by a Registered Nurse within the scope of his/her practice relevant to the medical and rehabilitative needs of the individual. Services include medication administration/monitoring, catheterization, tube feeding, suctioning, screening and referral for health needs and explanations of treatments, therapies, and physical or mental conditions with family or other professional staff.
- 5) Medical Services: These services are provided by a physician licensed to practice medicine in all its branches for the purpose of evaluation, testing, diagnosis and consultative services with the individual. Services include diagnostic, evaluative and consultative services for the purposes of identifying or determining the nature and extent of an individual's medical or other health-related condition.

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6) Psychological, Counseling and Social Work: These services mean diagnostic or active treatments with the intent to reasonably improve the individual's physical or mental condition. They are provided to individuals whose condition or functioning can be expected to improve with these interventions. These services are performed by a licensed physician or psychiatrist; or other licensed or equivalent psychological, counseling and social work staff acting within their scope of practice. These services include but are not limited to testing and evaluation that appraise cognitive, emotional and social functioning and self concept; therapy and treatment that is planning, managing, and providing a program of psychological services to individuals with diagnosed psychological problems; and unscheduled activities for the purpose of resolving an immediate crisis situation.

7) Developmental Testing: These services mean testing performed to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental lags. These services are performed by or under the supervision of a licensed physician or other provider acting within their scope of practice.

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8) Optometric services: These services include evaluation and assessment of visual functioning including the diagnosis and appraisal of specific disorder, delay and abilities. It includes the dispensing of eyeglasses and other optical materials. These services are performed by an licensed optometrist.

C. Frequency, Duration and Scope

Special rehabilitation services, as medically necessary services subject to the limitations of the State plan, are provided to assist eligible individuals in the identification of their illnesses or disabilities regarding their capacity to function.

IDPA has the responsibility to monitor the operation of the programs and services covered by Medicaid including provider certification. Ongoing certification of providers includes the following elements:

- 1) monitoring of providers' staff qualifications and validating providers' listing of staff providing special rehabilitation services;

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- 2) performance of site survey(s) to verify the ability of an agency to be a qualified provider;
- 3) monitoring of providers to ensure that special rehabilitation services are appropriate, effective and delivered in a cost effective manner consistent with the reduction of physical or mental disabilities; and
- 4) policies and procedures to address provider noncompliance with applicable Federal and State laws and regulations and policies of the Illinois Medical Assistance Program.

14b. SKILLED NURSING FACILITY SERVICES FOR INDIVIDUALS AGE 65 OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES

Preadmission screening is required.

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14c. INTERMEDIATE CARE FACILITY SERVICES FOR INDIVIDUALS AGE 65 OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES

Preadmission screening is required.

15a. INTERMEDIATE CARE FACILITY SERVICES (OTHER THAN IN AN INSTITUTION FOR MENTAL DISEASE)

A screening assessment is required prior to admission.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

15b. INCLUDING SUCH SERVICES IN A PUBLIC INSTITUTION (OR DISTINCT PART THEREOF)

A screening assessment is required prior to admission.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

16. INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER 22 YEARS OF AGE

All hospital inpatient psychiatric services are subject to a prepayment review. Only medically necessary inpatient psychiatric care will be covered.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

17. NURSE-MIDWIFE SERVICES

Nurse-midwife services are a covered service for all eligible clients, provided the care by the nurse-midwife is provided under supervision of a physician and is not in conflict with the Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1987, Ch. 111, par. 3501 et seq.) and implementing regulations.

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Nurse-midwife must have completed a program of study and clinical experience for nurse-midwives accredited/approved by the American College of Nurse-Midwives. A nurse-midwife must have and maintain a current agreement with a physician licensed to practice medicine in all its branches who has hospital delivery privileges. A copy of this signed agreement must be on file with the Department.

18. HOSPICE SERVICES

=10/95 Hospice is a covered service for all eligible clients, including residents of intermediate and skilled care facilities, when provided by a Medicare certified hospice provider and in accordance with provisions contained in 42 CFR 418.1 through 418.405.

Covered services include:

- nursing care;
- physician services;
- medical social services;
- short term inpatient care;
- medical appliances, supplies, drugs and biologicals;
- home health aide services;
- occupational therapy, physical therapy and speech-language pathology services to control symptoms; and
- counseling services.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to EPSDT recipients.

19. CASE MANAGEMENT SERVICES

10/91 Case management is a covered service for eligible children age birth through 20 when provided by qualified case managers to assure treatments which are medically necessary, to correct or lessen health problems detected or suspected by the screening process.

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20. EXTENDED SERVICES TO PREGNANT WOMEN

10/91 The following is a list of major categories of services that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy. There are no limitations applied to these services:

- hospital;
- federally qualified health center (FQHC);
- rural health clinic; and
- physician.

=7/96 Service limits will not be applied to a pregnant woman who is receiving alcohol and substance abuse services. This exemption exists during the pregnancy and through the end of the month in which the 60-day period following termination of the pregnancy ends (post partum period), or until the services are no longer clinically necessary, whichever comes first. These extended limits shall not apply to a woman who enters treatment services after delivery.

23. PEDIATRIC OR FAMILY NURSE PRACTITIONER SERVICES

/95 Coverage is limited to services provided by a nurse practitioner who has completed a program of study and clinical experience for certified pediatric or certified family nurse practitioner which is accredited and approved by the appropriate Accreditation Board as defined in Department rule. Further, the nurse practitioner must have and maintain a current agreement with a physician licensed to practice medicine in all its branches who has hospital admitting privileges including delivery privileges where applicable.

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22. RESPIRATORY CARE SERVICES

10/91 Respiratory services or treatment which is required to correct or lessen health problems detected by a screening process as medically necessary must be provided to individuals under age 21.

24a. TRANSPORTATION

- ° Ambulance Service: Requires prior approval except in case of emergency, or transfer from one hospital to another hospital for admission or for clients who reside in long term care facilities.
- ° Medicar, service car, taxi, private auto: Requires prior approval except for clients who reside in long term care facilities.
- ° Other (bus, train, airplane, etc.): Requires prior approval.
- ° Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

24b. SERVICES OF CHRISTIAN SCIENCE NURSE

10/91 Christian Science nurse services are limited to individuals age birth through twenty when the service is medically necessary, and required to treat a condition identified as the result of screening or diagnosis.

24d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

Preadmission screening is required.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

24f. PERSONAL CARE SERVICES IN RECIPIENT'S HOME WITH A PLAN OF TREATMENT AND FURNISHED BY A QUALIFIED PERSON UNDER SUPERVISION OF A REGISTERED NURSE

10/91 Personal care services are limited to eligible children age birth through 20 who require services as a medical necessity to correct or lessen health problems detected or suspected by a health screening.

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